POPULATION TODAY

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FROM THE EDITOR'S DESK

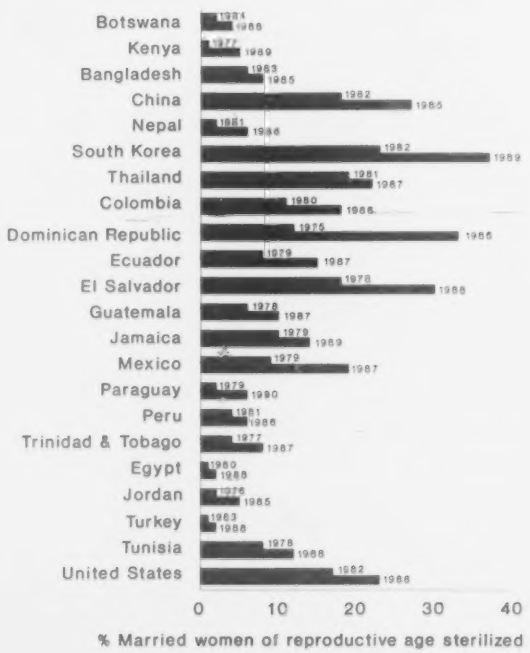
Demographics of charity. Individual charitable contributions in the United States total about $80 billion per year, according to the Washington D.C.-based umbrella group Independent Sector (I/S). Who are the givers, and how much do they give? An I/S survey shows that about three-fourths of U.S. households made charitable contributions in 1989, averaging $978 each (about 2 percent of average household income). Low-income households gave proportionally more (averaging 5.5 percent of income). Men, whites, people over 55, and high-income households gave at higher than average rates.

How much of this goes to benefit the traditional objects of charity, poor people? A forthcoming book by Charles Clotfelter of Duke University attempts to sort out the tangled threads of giving and getting. About two-thirds of contributions goes to churches and synagogues, of which an estimated 6 percent is directed to the poor. Only one-fifth of the charity dollar goes to types of organizations that devote at least part of their resources to the poor, including human services, health, youth development, public benefit, and international organizations. All this would seem to support the conclusions of several scholars in the past that the redistributional effects of private charity are relatively small. But, writes Clotfelter, we still don't know for sure. And, since charitable dollars are tax-deductible, the seemingly private realm of personal giving takes on a public policy dimension.

—Susan Kalish

SPEAKING GRAPHICALLY

Voluntary Female Sterilization: The World's Most-Used Method of Contraception



Growing numbers of women are chosing this increasingly available procedure, especially once they have reached their desired family size.

Source: Contraceptive prevalence and demographic and health surveys; from *Population Reports*, The John Hopkins Population Information Program, Series C, No. 10, 1990.

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Recycled Paper

The 1991 Year in Review

The U.S. census came in a little low, and the birth rate may have topped out. On the other hand, immigration laws that went into effect this year caused demographers to up their estimates of that factor in population growth. In this issue, Population Today *recaps some of the biggest demographic events of 1991.*

1990 Census. The national head count of 248,709,873 remained controversial, with an undercount estimated at 1.7 to 2.5 percent. The black population was undercounted by 4.4 to 6.2 percent. Secretary of Commerce Mosbacher decided not to adjust census figures, but Los Angeles County, New York City, and others are still in court over the release of figures from the Post Enumeration Survey (PES) for planning uses. Another census cliffhanger was congressional wrangling over funding for publishing 1990 Census products. The resulting cut of one-third of the funds may produce some delays or cancellation of products.

Immigration up. The big changes of the 1990 Immigration Reform Act went into effect this October, boosting overall immigration levels by about one-third—from 540,000 to 700,000 per year. In addition, an unprecedented, one-time-only, "diversity" program lottery assigned 40,000 Green Cards, chiefly to Europeans (40 percent to Irish), to be given out over the next three years.

End of the baby boomlet? Although provisional data are available only through last summer, monthly tallies suggest that 1991 marked an end to the upward turn in the birth rate. The TFR (total fertility rate, or average lifetime births per woman) probably climbed to replacement level (2.1) in 1990, but receded in 1991. Nonetheless, births will still probably top 4 million in 1991.

Norplant, the matchstick-sized contraceptive implant, began to become available all over the country following its December 1990 approval for U.S. use by the Food and Drug Administration.

More unmarried householders. For the first time, over one in four U.S. households were headed by unmarried persons, according to data from the March 1991 Current Population Survey (CPS).

Poverty increases. The CPS showed that the number of people below the poverty line increased by 2.1 million people between 1989 and 1990, a change thought to reflect the early effects of the current recession. In 1990, 13.8 percent of the U.S. population was poor.

Congress and the administration seesawed back and forth on several issues, including higher funding levels for A.I.D.'s population program, revocation of the Mexico City policy (which prohibits U.S. foreign assistance to organizations that support abortion with funds from any source), and restoration of funding to UNFPA. As a casualty of the recession, the House eventually balked at any reauthorization of the foreign aid appropriations bill, leaving A.I.D.'s population budget at current levels and other issues unresolved.

After emotional hearings, the Senate confirmed Clarence Thomas to the Supreme Court. The addition of another conservative is thought to lay the groundwork for a change in the 1973 decision *Roe v. Wade*, which legalized abortion on the grounds of a woman's right to privacy. In May, the High Court upheld the so-called "gag rule," a 1988 executive branch regulation banning health workers in federally funded Title X family planning clinics from discussing abortion with clients.

The less we know about sex... The Department of Health and Human Services in July canceled a National Institutes of Health (NIH) survey of the sexual behavior of U.S. teenagers. The principal investigator was demographer Ronald Rindfuss, current president of the Population Association of America. In September, the NIH announced it

Continued on next page

Center Crawls to Crawford County

The "center of population" marks the spot where the U.S. population would be in perfect balance if it were a perfectly flat, weightless plane. In the two centuries since the first census was taken in 1790, the U.S. population center has crept 818.6 miles from Chestertown, Maryland. The center, which now sits on a wooded site near Ellisville, Missouri, has steadily slid towards the southwest since about 1920.

Year in Review
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would shelve its planned survey of adult sexual behavior.

Moving to international population news, 1991 brought us an updated view of much of the world's population. New census data were released from more than 25 countries, including India (844 million), Indonesia (179 million) and Japan (124 million). Adding these to 1990 releases of censuses of China, Mexico, the United States, and the USSR, more than half the population of the world has been counted over the last two years. Several censuses turned out lower than expected, including Spain, India, Mexico, and Indonesia.

A milestone was reached in our understanding of fertility trends worldwide, as the first round of reports (DHS-I) was completed on all 29 countries that participated in the Demographic and Health Surveys. There is some indication of the beginning of a demographic transition to lower fertility in sub-Saharan Africa in countries such as Botswana, Kenya, and Zimbabwe. More recent evidence suggests that fertility is declining in Pakistan and Iran, although momentum keeps growth rates high. For developing countries as a group, the TFR fell from 6.1 in the 1960s to 3.9.

The loosening of central controls in the Soviet Union brought ethnic rivalries to the forefront—punctuated by the three Baltic republics gaining their independence. The War in the Persian Gulf displaced guest workers and created refugees. Ethnic strife erupted into combat in Yugoslavia.

Personalities. This year we noted the deaths of two pioneers of population studies: French demographer **Alfred Sauvy** and geneticist **Robert Cook**. In 1955, Cook won the prestigious Albert and Mary Lasker Foundation award for work on rapid population growth. This year, long-time reproductive rights advocate and incoming chair of the Population Crisis Committee **Robin Chandler Duke** won the same award.

And, also in 1991, PRB became the 131st U.S. Census Bureau Depository Library. As a result, we will add a complete collection of 1991 census publication to our library, to augment publications from the 1970 and 1980 censuses.

—Susan Kalish

SURVEY REPORT
Jordan

WFP/FAO

Fertility is dropping, but Jordanian women still average 5.6 births over their lifetimes.

Preliminary results from the 1990 Jordan Population and Family Health Survey show a 20 percent decline in fertility since the early 1970s. The total fertility rate (TFR, or average lifetime births per woman) declined from 7.7 births in the 1971-1975 period, to 6.6 in 1980-1983, to 5.6 in 1987-1990. A national sample of 6,462 ever-married women of childbearing ages were interviewed.

More than half (58 percent) of respondents had ever used a method of contraception. Thirty-five percent of married women reported currently using some method of contraception, up from 26 percent in 1983. The IUD was the most popular modern method—used by 15 percent of women. Female sterilization (6 percent of respondents) edged out the pill (5 percent). These findings show a shift in contraceptive use from the pill to the IUD and female sterilization compared with 1983.

In general, older women, those living in big cities, women with a formal education, and those who have children are more likely to use contraception. Compared with other countries, the level of fertility in Jordan is high for the level of contraceptive use. Reliance on traditional methods may account for this difference: 27 percent were currently using modern methods and 8 percent traditional.

Knowledge of contraceptive methods is high. Almost all women knew of at least one method of family planning, either modern or traditional. The pill and IUD were the best-known methods; 98 percent of the women knew at least one of these. The next best-known were traditional methods: periodic abstinence (77 percent) and withdrawal (69 percent).

Most women who knew a family planning method also knew where to obtain it. For example, more than 94 percent of those surveyed knew about female sterilization, of whom 85 percent knew where to go to have it done.

The survey showed infant mortality in Jordan had declined to 27 per 1,000 live births. Almost all children under two had received some vaccinations, and almost all are breastfed for at least some time.

There seems to be a strong program promoting DPT (diptheria, pertussis, and typhoid), polio, and measles vaccination in Jordan, according to the report. Of all children 12 to 23 months, 88 percent had received these vaccinations, although coverage declined with successive doses.

—Nazy Roudi

The survey was carried out in 1990 by the Jordanian Department of Statistics and Ministry of Health in collaboration with the Institute for Resource Development (IRD) under the international Demographic and Health Surveys Project (DHS). The DHS division of the Institute for Research Development works under contract to the U.S. Agency for International Development to conduct surveys in Africa, Asia, and Latin America on fertility, contraceptive prevalance, and other population issues. The first round (DHS-I) began in 1984; the second round (DHS-II) began in 1988.

French Eye African Population Issues

Events at a recent international conference held in Paris suggest that the French government is re-examining the importance of population growth to socioeconomic development in Africa.

The September 2-6 conference, "Development and Rapid Population Growth: A New Look to the Future of Africa," was cosponsored by the French government, three United Nations agencies, the World Bank, and the Global Coalition for Africa. Population experts presenting papers included John Caldwell, director of the Health Transition Centre in Australia; Allen Kelley of Duke University; and Allan Hill of Harvard University. Several advocates and practitioners in the field attended and had a chance to comment on the need to expand family planning activities in Africa: UNFPA Director Nafis Sadik, Dr. I. Serageldin from the World Bank, Dr. Fred Sai of Ghana, president of the International Planned Parenthood Federation, and Robert S. McNamara of the Global Coalition for Africa.

The objectives of the conference were laudable: "1) to raise the level of awareness of African and French leaders concerning the specific problems associated with the implementation of developmental policies in the context of rapid population growth; 2) to formulate proposals for action to solve these problems in a way suitable to Africa; and 3) to stimulate research to improve our understanding of the complex interrelationship existing between population and development." The presentations and discussions were wide-ranging and interesting, although the voices of experts from the Third World might have been more fully represented.

In one important development French Secretary of State for Foreign Affairs Alain Vivien told participants that, although France has not given much assistance in the areas of population and family planning in the past, the government would be more open to requests for such assistance in the future.

—Nancy Yinger

Demographers Deemed a Productive Group

Compared with scholars in other disciplines, "population scientists seem to be an unusually active group," says James M. Richards, Jr. of the University of Alabama School of Medicine at Birmingham. Richards, who studies the professional lives of scientists, recently turned to the professional contributions of members of the Population Association of America (PAA).

Focusing on the members of PAA as of 1980, Richards tracked several indicators of their professional activities throughout the 1981-1990 period. The indicators used included: having a publication cited in the *Population Index*; appearing on the program of a PAA meeting; publishing an article in the professional journal *Demography*; serving as an associate editor for *Demography*; and serving as the principal investigator in a federally funded project. Such proxies, of course, do not measure the value of scholarly ideas, or excellence in teaching or applied demographic endeavors.

- By far the most common indicator of professional activity was to have a publication cited in the *Population Index*. About one-fourth of the 1980 cohort of PAA members were so cited during 1981, the first year of the study. This proportion rose to more than half by the decade's end.
- By 1990, 30 percent had participated in PAA meetings.
- By 1990, about one-fourth of 1980 PAA members had served as editorial consultants to *Demography*.
- By 1990, about one-tenth of the 1980 cohort had been published in *Demography*, and an equal proportion had served as principal investigator of a federally funded project.

The study of PAA members links "two professional interests," Richards told *Population Today:* the first, "population issues, which grew out of 1950 neo-Malthusian concerns about population growth" and, second, "a long-term interest in the productivity of scientists." He considers PAA to be a "convenient" group to study issues of the psychology of science. Why? "Good data about their contributions are easily available, and it is a small enough group to be manageable." For example, the PAA directory provided reliable information about the organization's 2713 members in 1980, including highest degree institution and major field, year of highest degree, and position as of 1980—detail that helped in accurately assigning citations and other indicators of activity. Richards displayed highlights of his findings in a poster session at the 1991 PAA meeting in Washington, D.C.

—Susan Kalish

Demographers Most Frequently Published*

Times Cited	Name
67	Dudley L. Poston, Jr.
64	J.C. Caldwell
55	T. James Trussell
54	Ron J. Lesthaeghe
53	Frank D. Bean
52	John E. Knodel
49	Nathan Keyfitz
46	William J. Serow
46	John P. Bongaarts
44	Jacqueline Forrest
44	Kenneth G. Manton
43	Ansley J. Coale
42	Samuel H. Preston
42	Ronald R. Rindfuss
42	Charles F. Westoff
40	Naohiro Ogawa
39	Julian L. Simon
38	Thomas J. Espenshade
38	Noreen J. Goldman
37	Larry L. Bumpass
37	Jan M. Hoem
37	William D. Mosher
37	Roger W. Rochat
37	Andrei Rogers
36	Julie Davanzo
36	Alberto Palloni
36	Mark R. Rosenzweig
34	Leo Morris
34	Lado T. Ruzica
34	Marta Tienda

*as measured by citations in *Population Index*, 1981-1990.

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Glasnost and the Publication of Soviet Census Data

In the spirit of glasnost, the State Committee on Statistics of the USSR (Goskomstat SSSR) and its counterparts in the republics are in the midst of publishing a massive amount of data from the 1989 census. They are also retroactively publishing results from the 1979, 1939, and the suppressed 1937 census (see *PT*, July/August and November 1991).

Goskomstat has released summaries of selected results from the 1989 census in five short reports and in the agency's journal *Vestnik statistiki* (*Herald of Statistics*), in daily press releases, and biweekly press bulletins issued by the Information-Publication Center of the agency. In 1992, Goskomstat plans to issue eleven topical volumes (18 separate books) from the 1989 census.

In the past, the Soviets published very little census data—even for such basic demographic indicators as the age-sex structure of the population, life expectancy, and the infant mortality rate. The Soviets issued just one 368-page volume of results of the 1979 census, and that not until 1984. Now, long-unpublished demographic data is appearing, notably an annual statistical handbook. The single published volume on the 1979 census will be replaced by ten topical volumes (22 separate books) totaling over 6,000 pages. The fourth volume is devoted to the different nationalities of the USSR.

The Russian republic, the Baltic republics (even before they gained independence), and others issued summary volumes for their own areas. Information on the Russian republic includes crucial age-sex structures by oblast (nationality region), population totals for small areas, and an unprecedented amount of detail for the city of Moscow.

—Timothy E. Heleniak

Timothy E. Heleniak is an analyst in the Census Bureau's Center for International Research. For more detail see: *Publication of Soviet Census Results*, Soviet Branch Research Note, U.S. Bureau of the Census, June 25, 1991, which lists all census materials that have been published or are scheduled for publication.

SOFTWARE

Survival 3.0 is a versatile life table analysis program for census-based (national) and panel (or follow-up) life tables. It was developed by David P. Smith of the University of Texas School of Public Health. It can handle most of the survival rate [q(x)] formulas in common use. It also estimates multiple decrement and cause-eliminated life tables (for use in medical studies for example) for as many as 23 event categories.

When data are entered for two populations, the program computes statistical tests of their differences, and decomposes the difference in their life expectancies by cause. The user can designate the first population in a series as the reference population, in order to compute standardized rates for other populations entered.

The documentation shows five examples of program applications. Three concern constructing national life tables, and use midyear population estimates and annual deaths from vital statistics. Two are samples from medical studies, in which individuals are coded by duration of observation and events are coded by duration at occurrence. Users can print out either all life tables generated by the program or summary tables only.

The program is written for computers using MS DOS, version 3.3 or higher, and requires 192k of RAM. It can be formatted for earlier versions of DOS by request. The cost is $10 for program and manual, from the Center for Health Policy Studies, University of Texas School of Public Health, P.O. Box 20186, Houston, TX 77225.

POPULATION UPDATE

Estimated United States Population:

As of September 1, 1991	253,111,000
As of September 1, 1990	250,472,000

The above estimates, based on the 1990 Census, include armed forces overseas and are from U.S. Bureau of the Census *Current Population Reports*, P-25, no. 1079.

Estimated World Population:

As of December 1991	5,422,750,000
Annual growth	93,000,000

Extrapolated from the mid-1991 population on PRB's *1991 World Population Data Sheet*.

Latest Provisional Statistics for the U.S.: June 1991

	12 months ending with June					
	Number		Rate			
	1991	1990	1991	1990	1989	1988
Live births	4,131,000	4,136,000	16.4	16.6	16.0	15.8
Deaths	2,143,000	2,169,000	8.5	8.7	8.7	8.9
Natural increase	1,988,000	1,967,000	7.9	7.9	7.3	6.9
Marriages	2,407,000	2,420,000	9.5	9.7	9.7	9.7
Divorces	1,172,000	1,175,000	4.6	4.7	4.8	4.8
Infant deaths	37,700	38,600	9.1	9.4	9.9	10.0

Note: Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births.
Source: *Monthly Vital Statistics Report* (vol. 40, no. 6) from the National Center for Health Statistics.

PRB Internships

International Programs Internship. PRB offers a 12 month internship starting in June or July of 1992, as part of its Cooperative Agreement with the U.S. Agency for International Development (A.I.D.). The intern will help with the production and distribution of population materials for policymakers in developing countries. The salary for the full-time position is $19,000-$22,000 annually, depending on academic background and experience. Classes or work experience related to population or public health, as well as language skills (preferably French or Spanish), are required. This internship is open to U.S. citizens only. Deadline for application: April 3, 1992.

Academic Year Internship. A nine-month internship, starting in August or September of 1992, is also available. The intern will work at PRB in either its Policy Studies or Information and Education department, depending on interests and needs. Candidates should demonstrate interest in a specific population-related area (such as the relation between population trends and particular public policies, or the collection and dissemination of demographic data). The intern generally works 35 hours a week, receiving a stipend of $8.00 per hour. Deadline for application: April 3, 1992.

Summer Internship. Three-month summer internships are available, beginning in May or June of 1992. Duties, work schedule, and stipend are similar to the Academic Year intern. Deadline for application: February 7, 1992.

Send resume and letter of application to:

Internship Program
Population Reference Bureau, Inc.
1875 Connecticut Avenue, N.W.,
Suite 520,
Washington, D.C. 20009.

Describe completed academic studies, interest in the field of population, and supply any additional information to support candidacy. Two letters of recommendation from instructors should be sent separately. Note: Please indicate clearly the position(s) being applied for.

TAKE A NUMBER

Belgium up, Spain down. Two European countries (Belgium and Spain) have reported benchmark population totals in the recent press.

The Belgian population hit 10 million for the first time in history. Numbers of children are also increasing, according to the French newspaper *Le Soir*. In Belgium, the population register (*Rijksregister)* recorded 10,000,963 inhabitants on August 16. In addition, for the first time in 20 years, an increase in the number of children was reported. The Belgian birth rate has increased slightly, particularly in French-speaking Wallonia. *Le Soir* reports that the total fertility rate rose to 1.62 average lifetime births per woman in 1990, from its 1985 low of 1.49.

In contrast, Spain's March 1991 Census count came in somewhat lower than expected: 38,425,679 people. This total is up almost 2 percent since 1981, but about 700,000 lower than the figure "hoped for," according to the newspaper *El Pais*. The drop is steep enough to cause an upward revision in birth rates, death rates, unemployment figures, and other rates based on population totals.

The reasons for the low count are being debated. Demographic analysis suggests that an undercount may have occurred, according to Spain's Institute of Demography. Between the censuses, Spain had natural increase (births minus deaths) of 1,450,000 and net immigration of 300,000—which should have resulted in a 1.75 million increase in population since 1981. Another possibility is that the 1981 count was inflated by deceased individuals who had not been deleted from the roles. Spain's very sharp drop in the birth rate in recent years does not explain the low count. Although officials are denying it, some suspect that privacy campaigns may have resulted in resistance to the census.

—Carl Haub

ADDENDA

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Training the workforce of the 21st century

CURRENT READINGS

THE FAMILY PLANNING MANAGER'S HANDBOOK: Basic Skills and Tools for Managing Family Planning Programs, by James A. Wolff, Linda J. Suttenfield, and Susanna C. Binzen. West Hartford, CT: Kumarian Press, 1991. 373 pp. ISBN 0-931816-72-6. $34.95.

BEYOND THE CLINIC WALLS: Case Studies in Community-Based Distribution, by James A. Wolff, Robert Cushman, Jr., Florida A. Kweekeh, C. Elizabeth McGrory, and Susanna C. Binzen. West Hartford, CT: Kumarian Press, 1990. 162 pp. ISBN 0-931816-08-4. $14.95.

Management Sciences for Health, a Boston-based organization, has put together these two practical volumes to help improve the design and management of family planning programs, particularly in the developing world. Both address important issues and are written in a clear, simple, accessible style. These books should prove very useful to family planning program managers.

The *Handbook* is a comprehensive guide on how to address common management issues, including strategic planning, developing workplans, coordination, staffing, supervision, training, logistics, finances, and use of information. Although quite lengthy, the contents are user-friendly. The authors employ a variety of formats to highlight their points: checklists, sample forms, actual country examples, "vignettes" (fictionalized case studies), and glossaries. This is not a book that most people will sit down to read from cover to cover, but many program managers may turn to it again and again as they struggle with particular management concerns. It could also serve as a background text for a course in program management.

Beyond the Clinic Walls focuses on one particular type of family planning program—community-based distribution (CBD)—and is designed to be a training manual with "case learning points" and questions for discussion. It is based on a series of case studies for a fictionalized African country. That the case studies were not about real countries or programs was somewhat disappointing. And while the authors should be commended for the book's purpose, organization, and clear language, the cases come across as sanitized. The problems faced by the Family Planning Association's director are just too neat; for example, the otherwise excellent evaluation staffer is too busy to accomplish all his tasks. Still the book will be useful as one component of a training course on CBD, balanced by some messy, real-world situations.

—Nancy Yinger

FROM PYRAMID TO PILLAR: Population Change and Social Security in Europe, by the International Labour Office, Geneva. 1989. 187 pages. ISBN 92-2-106497-2. $22.00 paperback.

This book discusses the problems brought about by changes in the age composition of European countries. The study focuses on specific socioeconomic issues, such as the shortage of young workers along with falling birth rates, growing number of single parents, increasing women's labor force participation, changing retirement patterns, income maintenance for the elderly, and the rising cost of medical care and pension programs.

The "pyramid" and "pillar" in the title refer to the familiar change in the appearance of the population pyramid from a "Christmas tree" outline to a columnar shape as fertility and mortality fall and the population ages. The title thus captures the underlying demographic changes that underlie such issues as the future of social security systems. Today's social security systems were first implemented in a world in which the age structure was more like a pyramid, where the spreading base contained enough young people to support a smaller group of older people.

This book and Wolfgang Lutz' *Future Demographic Trends in Europe and North America: What Can We Assume Today?* (see review, *PT* June 1991), provide useful overviews of the demography of contemporary Europe. It is unfortunate that both studies were completed before the very recent upturns in fertility became apparent.

—Machiko Yanagishita

INVENTORY OF LONGITUDINAL STUDIES IN THE SOCIAL SCIENCES, by Copeland H. Young, Kristen L. Savola, and Erin Phelps. Newbury Park, CA: Sage Publications, Inc., 1991. 563 pp. ISBN: 0-8039-4315-6. $51.95 hardback.

In recent decades, longitudinal studies have enriched our understanding of the life course of children and youth, young adults, mothers and families, labor force participants, representatives of different socioeconomic classes and races, and a myriad of other topics. This volume is sure to make these studies more accessible.

The compendium lists studies alphabetically by name of principal author, outlines the research design, techniques, times and length of data collection, and sample size. It also lists major variables such as gender, age, socioeconomic status, and race/ethnicity. This useful inventory combines and updates two earlier volumes: *Inventory of Longitudinal Studies of Middle and Old Age* (Migdal, Abeles, and Sherrod, 1981) and *Inventory of Longitudinal Research on Childhood and Adolescents* (Verdonik and Sherrod, 1984). The book comes from the Henry A. Murray Research Center of Radcliffe College and the Social Science Research Council working under a grant from the National Institute of Mental Health.

—Susan Kalish

SPOTLIGHT

COLOMBIA

Population (mid-1991 est.): 33.6 million
Land area: 439,512 sq. mi.
Births per 1,000 pop.: 26
Deaths per 1,000 pop.: 6
Rate of natural increase: 2 percent
Total fertility rate: 2.9
Infant mortality rate: 37 infant deaths per 1,000 live births
Life expectancy at birth: 68
Capital: Santa Fe de Bogotá

by Jorge Ruiz

Colombia, about three times the size of California, is located at the northwest tip of South America, just north of the Equator. The Isthmus of Panama, which joins North and South America, meets its northwest coast. Colombia is thus well-situated for trade: it is the only country in South America that has coasts on the Pacific Ocean and the Caribbean, and has access to the Amazon River.

The Andes Cordillera divides into three ranges within the country, forming high plateaus and valleys. Since altitude compensates for latitude in tropical regions, the majority of the population lives in the more pleasant mountainous region. Colombia recently edged out Argentina as the third most populous country of Latin America, after Brazil and Mexico. Colombia has a dispersed urban population, unusual for Latin America.

Over the past 20 years, the Colombian economy has grown steadily. By Latin American standards, foreign debt is under control and inflation was moderate during the 1980s, about 27 percent per year. The per capita GNP was U.S. $1,240, average for the region. Nevertheless, a considerable number of Colombians have not benefited from economic progress. Urban and rural poverty is a serious problem and, due to the high government deficit, social programs have been reduced. Many Colombians have become economic emigrants to neighboring countries, the United States, and, more recently, to Western Europe.

Colombia has experienced guerrilla warfare for four decades. More recently, drug trafficking has made violence a leading cause of death. The impact of laundered money in Colombia's economy is a matter of some debate. Most evidence tends to support the thesis that drug money has worsened inflation and is spent on luxury goods, not on economy-building capital investments.

Colombia's government supports family planning. The private, nonprofit organization PROFAMILIA, an affiliate of the International Planned Parenthood Federation, provides 60 percent of family planning services available in the country. Fertility surveys indicate that Colombia's TFR (total fertility rate, or average lifetime births per woman) is the lowest in tropical South America: 2.9 children per women. Colombia is approaching the low TFR levels of the Southern Cone countries such as Argentina or Chile. Colombia's TFR is also lower than Panama's, where fertility declines occurred much earlier.

Four-fifths of mothers surveyed in the second round of Demographic and Health Surveys have had some prenatal care, and almost two-thirds of the children under five have completed their immunizations. Sterilization is the most common method of contraception, followed by the pill and IUD.

Colombia's fertility decline started in the early 1960s, before government-sponsored family planning programs were instituted, but most of the fertility decline during the past 25 years is attributable to contraceptive use. The effectiveness of family planning efforts are all the more striking given that the vast majority of Colombians are Catholic.

Jorge Ruiz is a demographer and a consultant for the Pan American Health Organization.

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